Taylors Candy Inc. / Windy City Gold Popcorn Inc. 4855 West 115th Street, Alsip, IL 60803 P (708) 371-6144 F (708) 371-6146

Application for Employment

Taylors Candy, Inc. / Windy City Gold Popcorn, Inc. are an Equal Opportunity Employer. Employment offers are made on the basis of qualifications without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume"). Applications with missing or invalid job positions will not be considered for any position.

Name (Last, First, Middle):

Position Applying For:

Production |

Sales

Delivery Administration	☐ Warehouse ☐ Other				been employe	d:
Street Address:			City, State	& Zip:		
Email Address:		Home Phone:	Work	Phone:	Other Phone:	
Are you eligible to work in the United States?		ites? Yes	□ No			
Are you 18 years of age or older?		Yes	□ No If No	If NO, what is your current age?		
Are you currently employed?		Yes	No If YI	If YES, what is your current job title & department?		
Have you ever be Candy or Windy Cit	een employed by T y Gold Popcorn?	Taylors Yes	No If YI	ES, dates of employ	ment & reason	for leaving:
Are you related to ar	ny current employee?	Yes	No If YI	If YES, their name & their relationship to you?		
driver's license?	ition, do you have a		date		nce, license #,	and expiration
How did you learn a Ad in newspaper Referral by empl	ē <u>=</u>	Sulletin (Posting)	ck all that appl		Dept. of	Labor
DUCATION						
Name of School	City / State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree Received	Major
High School:		☐ Yes ☐ No				
GED:		☐ Yes ☐ No				
Other School:		☐ Yes ☐ No				
College:		☐ Yes ☐ No				
College:		☐ Yes ☐ No				
l i						
College:		Yes No				

Other names under which

you have attended school or

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ms and software packages of which y	you have a working knowledge, and note you	r level of proficiency (basic, intermediate, expert).
ons with the same organization, det be considered falsification of info itments. PLEASE DO NOT comp	ail each position separately. Attach addition ormation. Please explain any gaps in enlete this information with the notation "See R	<u>current</u> or most recent employer. If you held mu <u>al sheets if necessary</u> . Omission of prior employ inployment. Include full-time military or volu esume."
ation.	vindy city dold ropeoin reserves the right to	conduct an earrest and former employers for refe
Dates Employed: (most recent position) From: To:	Full-time Part-time If part-time, # hrs. / wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: At any time Only if I am a final candidate
Primary duties:		Reason for Leaving:
Dates Employed: (most recent position) From: To:	Full-time Part-time If part-time, # hrs. / wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: At any time Only if I am a final candidate
Primary duties:		Reason for Leaving:
Dates Employed: (most recent position)	Full-time Part-time	Title:
From: To:	If part-time, # hrs. / wk:	
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: At any time Only if I am a final candidate
Primary duties:	Reason for Leaving:	

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PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Taylors Candy, Inc. / Windy City Gold Popcorn, Inc. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Taylors Candy, Inc. / Windy City Gold Popcorn, Inc. serve atwill, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature:	D /
Applicant Signature:	Date:
rippineum bignature.	Date